

MDR Tracking Number: M4-03-5451-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399.

II. FINDINGS

The respondent denied reimbursement based upon "Combined rental has exceeded \$500.00 and therefore, preauthorization was required. No further payment will be made."

The requestor billed E1399 at \$245.00 for rental of neuromuscular stimulator. Per the MFG, DME GR (IX)(C), fair and reasonable reimbursement is the same as the "D" codes in the 1991 MFG. The 1991 MFG, "D" code for rental of neuromuscular stimulator is D0550 with a MAR of \$150.00.

The requestor noted that they have billed their usual and customary for 3 months rental of neuromuscular stimulator at \$245.00/month for a total of \$735.00. Per the 1991 MFG, the cumulative total allowable would be \$450.00.

The 1996 MFG, DME GR (VI)(A), limits the rental of neuromuscular stimulator to 60 days unless treating doctor justifies the medical necessity for an extension. Medical necessity for 90 days use was not an issue in dispute; therefore, will not be addressed.

The requestor indicated that the insurance carrier has only reimbursed them for one month at \$150.00; therefore, the disputed amount of \$150.00 does not exceed the threshold of \$500.00 per Rule 134.600, and preauthorization is not required. Reimbursement of \$150.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (E1399) in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division